CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed	
3 CANDIDATE / OFFICEHOLDER NAME	MS LARS / MR FIRST Mari NICKNAME LAST	MI	OFFICE USE ONLY Date Received	
	Montgomery ADDRESS / PO BOX; APT / SUITE #: C		10 halana	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: C 257 Elkins La Huntsville TX		BP 10/20/2000	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (936) 439 944(EXTENSION	Date Stand Only frod at Date Fostmanny	
6 CAMPAIGN TREASURER	AS MAS / MA FIRST	Mi	Receipt # Amou <u>mt \$</u>	
NAME	Montgomer LAST	SUFFIX	Date 10/26/2020	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	ITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	same as	above		
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER () Same as	s above		
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C:OH - FR)	
10 PERIOD COVERED	Month Day Year / 2020	THROUGH 10 /	Day Year 26 /2020	
11 ELECTION	Houlb Day Year Primary	ELECTION TYPE Runoll Other		
	Month Day Year Primary 11 / 03 / 2000 General	Description		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT OF KNOWN	cil	
	City Council Pos 4 At Large		at Large	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAND KNOWLEDGE OR CO	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OB OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY AF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME				
			!			
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COLUMNTEE CAMPAIGN TREASURER NAME				
Additional Pages						
			<u> </u>			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI	N -			
TOTALS		ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	1 36			
		POLITICAL CONTRIBUTIONS	\$ 205.00			
	(OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 205.00			
EXPENDITURE						
TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$			
	4. TOTAL POLITICAL EXPENDITURES \$ 11-7-16-27					
			\$ 474.37			
CONTRIBUTION	5. TOTAL	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
BALANCE		ORTING PERIOD	\$ 205,00			
CHICTANDING						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		^{1E} \$			
	2,73,0	The first of the second				
18 AFFIDAVIT						
		I swear or affirm under penalty of ne	rjury, that the accompanying report is			
			matie required to be reported by me			
STATE OF THE PARTY	BRENDA L. POE	under Title 15 Election Code.				
	ary Public, State of T	exas				
278112618	mm. Expires 03-29-2 lotary ID 12919708					
- January	Otaly ID 12919708					
		Signature of Cand	idate or Officeholder			
AFFIX NOTARY STAM	ID/SEALABOVE					
AFFIX NOTABY STAN	IF / SEALABOVE	M = M = M	n. th			
Swom to and subscribed before me, by the said Mari Montgomery, this the						
Catalog 20						
day of Carolier, 20 30, to certify which, witness my hand and seal of office.						
(Bu la la To OD. Di Con I.						
Trend	French Toe City decretary					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics	ler tD (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 205.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. SCHEDULE E: LOANS	\$ 474.37	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$474.37	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	эн \$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

LOANS		SCHEDULE E			
The Instruction Guide explains how to comp	1 Total pages Schedule E:				
Mari Montgomer	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED LOANS	\$				
	7 Name of lender out-of-state PAC (IDN:) Mari Montgomery				
6 to tender	8 Lender address; City; State; Zip Code				
Y N Huntsville TX	77340	11 Maturity date N / A			
12 Principal occupation / Job title (See Instructions) Real Estate Broker 13 Employer (See Instructions) Mari Real		et y			
14 Description of Collateral	15 Check if personal funds were account (See Instructions)	deposited into political			
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)			
18 Guarantor address; City;	State: Zip Code				
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)				
Date of loan Name of lender out-of-state	PAC (ID#	Loan Amount (\$)			
Is lender Lender address; City;	Lender address; City; State; Zip Code				
Institution? Y N		Malunty date			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)				
Description of Collateral	Check if personal funds were account (See Instructions)	deposited into political			
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)			
Guarantor address; City;	State: Zip Code				
not applicable					
Principal Occupation (See Instructions)	Employor (See Instructions)				
ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Dorations Made By
Candidate/Ottlicaholder/Political Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wayns/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (onter a category not listed above)

Legal Services Salaries/Wages/Contract Labor The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: May 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED s 5 Date 6 Payee name tace book 70-10-30-30 8 Payee address: State: 7 Amount Menlo Park CA 94025 WAV TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Calegory (See Categories listed at the top of this schedule) 10 Check it travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE 11 Complete ONLY if direct Office held Candidate / Officeholder name expenditure to benefit C/OH Same Council Postat Large Mari 6CANSFORD 000 10 2020 Amount (\$) 1 Huntsville TX77320 200,00 TYPE OF Non-Political Political EXPENDITURE Calegory (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE Website OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Food/Beverage Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gilt/Awards/Memorials Expense Printing Expense Travel Out OI District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date State; Zip Code 95 flayden Avc Lexington MA 02421 TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description Checkif travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 11 Complete ONLY if direct Office held Candidate / Officeholder name Office sought expenditure to benefit C/OH Same Payee name Date Amount (\$) City: State; Zip Code Payee address; TYPE OF Non-Political EXPENDITURE Political Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED